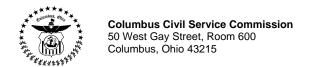


#### New Position Overview Packet: HR Certification Form

Please provide the following appointment summary information. Once completed, this form, along with all other appointment paperwork, must be submitted to the Civil Service Commission no later than two (2) business days prior to the effective date of the appointment. Questions regarding this process can be directed to the Commission's *Applicant & Employee Services Unit* at extension 5-8369.

| Department:   |   |                            |                  |  |  |
|---|---|----------------------------|------------------|--|--|
| Division:   |   |                            |                  |  |  |
| SSN:  | Start Date:   |                            |                  |  |  |
| Name:   |   |                            |                  |  |  |
|   |   |                            |                  |  |  |
| Class Code:   | Class Title:  |                            |                  |  |  |
| Class Type:   | Competitive   | Noncompetitive             | Unclassified     |  |  |
| Appointment Type:   | Original (O)  | Noncompetitive (W)         | Provisional (P)  |  |  |
|   | Promotional (M)   | Unclassified (U)           | Temporary (T)    |  |  |
| Employment Type:  | Full-time   | Part-time / Regular        | Limited Seasonal |  |  |
| Length of Probationary Per  | Length of Probationary Period: Probationary Period Ending Date: |                            |                  |  |  |
| Employee has relative?  | Yes No  | Probationary Period Hours: |                  |  |  |
| <ol> <li>With my signature below, I am certifying that:</li> <li>I have shown the above named employee the CSC New Position Overview PowerPoint presentation;</li> <li>I have discussed and answered all questions regarding residency, appointment, ethics, and the I-9 form.</li> <li>I have verified whether the employee has a relative currently working for the City of Columbus and obtained the appropriate signature on the P-20.</li> <li>I have provided a copy of all appointment-related paperwork to the employee.</li> </ol> |   |                            |                  |  |  |
| HR Staff Member Signature:  |   | Date:                      |                  |  |  |
| HR Staff Member Phone #:  |   |                            |                  |  |  |



### New Position Overview Packet: Residency Verification Form

| Please provide the following information:  |                     |                        |                        |                    |
|--|---------------------|------------------------|------------------------|--------------------|
| Social Security Number:  |                     |                        |                        |                    |
| Name:  |                     |                        |                        |                    |
| Street Address:  | ess:                |                        |                        |                    |
|  | (Do Not List P      | P.O. Box)              |                        |                    |
| City:  |                     |                        | 7: 0 1                 |                    |
| State:   |                     |                        | Zip Code:              |                    |
| County:  | Delaware<br>Madison | ☐ Fairfield ☐ Pickaway | ☐ Franklin ☐ ☐ Union ☐ | Licking<br>Other:  |
| Classification:  |                     |                        | Effectiv               | /e Date:           |
|  |                     |                        |                        |                    |
| This is a:   | COMPETITIV          | 'E Class               | NONCOMPETITIVE Class   | UNCLASSIFIED Class |
| Since 1956, City employees have been subject to a residency requirement. The current Charter provision states that all employees in the unclassified service or in a competitive class of the classified service must live within Franklin County or one of the counties bordering Franklin County (Delaware, Licking, Fairfield, Pickaway, Madison or Union).   |                     |                        |                        |                    |
| Sections 158-1 and 153 of the City Charter give the Civil Service Commission the responsibility for monitoring and enforcing this requirement. The Commission is prohibited from certifying the pay of employees found to be in violation of this Charter provision.   |                     |                        |                        |                    |
| Your new classification title and type are shown above. If you are currently, or at any time in the future, appointed to a competitive class position or unclassified position, you must maintain your residence within Franklin or a contiguous county in order to continue employment with the City of Columbus. Questions regarding this information can be directed to Commission staff at (614) 645-8369.   |                     |                        |                        |                    |
| With my signature below, I am certifying that the residence information provided above is true and accurate to the best of my knowledge. I am also certifying that the City's residency requirement as defined by the Columbus City Charter, Section 158-1, has been explained to me and I understand that if I am currently or at any time in the future appointed to a competitive class position or unclassified position, I must maintain my residence within Franklin or a contiguous county in order to continue employment with the City of Columbus. |                     |                        |                        |                    |
|  |                     |                        |                        |                    |
|  | Emplo               | yee Signature          |                        | Date               |



### New Position Overview Packet: Appointment Information

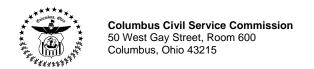
| Name:  |   |  |  |  |
|--|---|--|--|--|
| Social Security Number:  | Effective Date:   |  |  |  |
| Classification:  |   |  |  |  |
| You have received a(n):  |   |  |  |  |
| by an appointing authority from a nor IX(E), is said to have received a no   | <b>pointment</b> (W) to the noncompetitive classification identified above. A person who has been selected accompetitive certification list, certified in accordance with the provisions of Civil Service Commission Rule incompetitive appointment. Those persons receiving noncompetitive appointments do not become re satisfied the applicable probationary period set forth in Civil Service Commission Rule XI. |  |  |  |
| <u>Original Appointment</u> (O) to the competitive classification identified above. A person who has been selected by an appointing authority from an open competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received an original appointment. Those persons receiving original appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI. |   |  |  |  |
|  | Probationary Period   |  |  |  |
| You have received a <b>FULL-TIME</b> employment type (40 hours per week, 52 weeks per year). The probationary period for your classification is days and will be completed on unless extended by your department in accordance with Civil Service Commission Rule XI(D)(1-2).  |   |  |  |  |
| You have received a <b>PART-TIME</b> employment type (fewer than 40 hours per week OR fewer than 52 weeks per year). The probationary period for your classification is days and will be completed when you have accumulated worked hours in the classification.   |   |  |  |  |
| All probationary employees are subject to probationary termination for any lawful reason identified by the appointing authority. Probationary terminations are not appealable to the Civil Service Commission.   |   |  |  |  |

<u>Promotional Appointment</u> **(M)** to the competitive classification identified above. A person who has been selected by an appointing authority from a promotional competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received a promotional appointment. **Employees who receive promotional appointments have permanent status without serving a probationary period.** 

<u>Unclassified Appointment</u> **(U)** to the position identified above. A person who has been selected by an appointing authority in accordance with the Columbus City Charter, Section 148(1) is said to have received an unclassified appointment. Those individuals receiving unclassified appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time.

**Temporary Appointment (T)** to the classification identified above. A Temporary appointment, as defined by the Columbus City Charter, Section 149(h) and Civil Service Rule X(E), is an appointment to a City position for (480) or fewer work hours during any consecutive twelve-month period. Those individuals receiving temporary appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time. Additionally, temporary employees are not eligible for benefits and will not receive credit for time served as a temporary if ever appointed to another city position.

With my signature below, I am certifying that I have read, understand and have had explained to me the information marked above. I am also certifying that I have been given a copy of the specification for my classification and I understand that any significant difference in duties assigned by my supervisor and those identified on the specification for my classification should be reported to my divisional human resources representative.



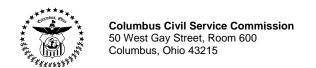
# New Position Overview Packet: Ethics Packet Certification of Receipt

| l,                                       | , hereby certify that I have received a copy                   |
|--|--|
| of the relevant state and local ethics I | laws. I further certify that I have been instructed that it is |
| my responsibility to review and bed      | come familiar with the information contained within the        |
| document.                                |  |
|  |  |
|  |  |
| Employee Signature:                      |  |
| Date:                                    |  |
| Witness:                                 |  |
| Date:                                    |  |

#### **Employment Eligibility Verification**

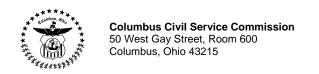
Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

| Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.  |                                |             |   |  |
|--|--------------------------------|-------------|---|--|
| Print Name: Last First   | Middle Ini                     | itial N     | Maiden Name                             |  |
| Address (Street Name and Number)   | Apt. #                         | 0           | ate of Birth (month/day/year)           |  |
| City State   | Zip Code                       | S           | Social Security #                       |  |
| I am aware that federal law provides for   |                                |             | at I am (check one of the following):   |  |
| imprisonment and/or fines for false statements or  | A citizen or nation            |             | United States<br>dent (Alien # A        |  |
| use of false documents in connection with the  |                                |             | rk until//_                             |  |
| completion of this form.   | (Alien # or Adm                | ission #) _ |   |  |
| Employee's Signature   |                                | 0           | Date (month/day/year)                   |  |
| Preparer and/or Translator Certification. ( other than the employee.) I attest, under penalty of perjuit best of my knowledge the information is true and correct  |                                |             |   |  |
| Preparer's/Translator's Signature  | Print Name                     |             |   |  |
| Address (Street Name and Number, City, State, Zip Code,  | )                              |             | Date (month/day/year)                   |  |
| Section 2. Employer Review and Verification. To be comexamine one document from List B and one from List C, as listed on tridocument(s)  |                                |             |   |  |
| List A OR  | List B                         | AND         | List C                                  |  |
| Document title:  |                                | -           |   |  |
| Issuing authority:   |                                | -           |   |  |
| Document #:  |                                | -           |   |  |
| Expiration Date (if any):///   | _/                             |             |   |  |
| Document #:  |                                |             |   |  |
| Expiration Date (if any)://  |                                |             |   |  |
| CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year)/ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.) |                                |             |   |  |
| Signature of Employer or Authorized Representative Print Nam   | e                              |             | Title                                   |  |
| Business or Organization Name Address (Street Name an  | nd Number. City. State. Zin Co | nde)        | Date (month/day/year)                   |  |
| City of Columbus, Ohio 90 W. Broad Street, Columbus, OH 43215  |                                |             |   |  |
| Section 3. Updating and Reverification. To be completed and signed by employer.  |                                |             |   |  |
| A. New Name (if applicable)  B. Date of rehire (month/day/yea  |                                |             | rehire (month/day/year) (if applicable) |  |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.   |                                |             |   |  |
| Document Title: Document #: Expiration Date (if any)://  |                                |             |   |  |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.   |                                |             |   |  |
| Signature of Employer or Authorized Representative   |                                | '           | Date (month/day/year)                   |  |



## Limited Employment Information

|                     | pointment to your new posit<br>ment to and continued service |  |                              | nt type. This means that your elow:   |
|---------------------|--|--|------------------------------|---|
|                     | Completion of a specific pro                                 | pject, or notice of terminati                              | on, whichever occurs first;  |   |
|                     | Project:   |  |                              |   |
|                     | Completion of a set period occurs first;                     | of time in which the work is                               | s to be completed, or notice | e of termination, whichever   |
|                     | Time Period:   |  |                              |   |
|                     | Cessation of funding from a occurs first;                    | source originating outside                                 | e the City budget, or notice | of termination, whichever   |
|                     | Funding Source:  |  |                              |   |
|                     | Cessation of a leave of abs appointed to, or their attains   |  |                              |   |
|                     | Employee on leave:   |  |                              |   |
|                     | re serving provisionally and a stapply for and take the exan |  | filing for your class during | your period of limited service,   |
| or discip<br>may be | llinary action and you will not                              | t have the associated apported to the position pursuit     | eal rights under Commission  | will not be regarded as a layoff on Rules. In certain cases, you vise, your original position must          |
| •                   | ere appointed from an eligib cordance with Rule VIII(C)(1)   | •  | ed, you may request reins    | tatement to the current eligible  |
| egular<br>class fro | position while that eligible lis                             | et is effective. If you show<br>ervice is continuous, your | ıld later receive a perman   | et your right for certification to a<br>ent regular appointment to this<br>mited employee in the class will |
| hereb               | y attest that I have read                                    | and received a copy o                                      | this document.               |   |
| Employe             | ee Printed Name:   |  |                              | SSN:  |
| Employe             | ee Signature:  |  | _                            | Date:   |
| Appoint.            | Authority Signature:   |  |                              | Date:   |



# New Position Overview Packet: Provisional Appointment Information

| Name:   |  |  |  |  |
|---|--|--|--|--|
| Social Security Number:   | Effective Date:  |  |  |  |
| Classification:   |  |  |  |  |
| You have received a <u>Provisional Appointment</u> (P) to the competitive classification identified above. A person who meets the minimum qualifications and who, in the absence of a competitive eligible list, has been selected by an appointing authority in accordance with Rule VI, pending the establishment of a competitive eligible list for that class, is said to have received a provisional appointment. Provisional employees must take an exam for their classification when offered, score high enough on the test to be certified, and be selected by the appointing authority or they will be removed from their position. In the event of a layoff, provisional |  |  |  |  |
| employees are laid off before pern  | nanent employees in the same classi  | rication.  |  |  |
|   |  |  |  |  |
|   | <b>Probationary Period</b>   |  |  |  |
| You have received a <b>FULL-TIM</b> your classification isin accordance with Civil Service  | days and will be completed on  | weeks per year). The probationary period for unless extended by your department  |  |  |
| The probationary period for your  | ME employment type (fewer than 40 hours per classification is days and will in the classification. | er week OR fewer than 52 weeks per year). I be completed when you have accumulated   |  |  |
|   | iect to probationary termination for any<br>are not appealable to the Civil Service Com            | lawful reason identified by the appointing mission.  |  |  |
| information marked above. I am classification and I understand that   | also certifying that I have been given at any significant difference in duties                     | nd and have had explained to me the ven a copy of the specification for my assigned by my supervisor and those ed to my divisional human resources |  |  |
| Employee S  | ignature   | Date   |  |  |
|   |  |  |  |  |